

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40035**

FILED JAN 4 1951

0164

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 53 | | PRIMARY REG. DIST. NO. 3012 | | Registrar's No. 404 | |
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. LENGTH OF STAY (in this place) 30 days | | c. CITY (If outside corporate limits, write RURAL and give township) Millerwille | | 0160 | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Southeast Mo Hospital | | | | d. STREET ADDRESS (If rural, give location) not numbered | | | |
| 3. NAME OF DECEASED (Type or Print) BINNIE MILLER ROBBINS | | a. (First) | | b. (Middle) | | c. (Last) | |
| 4. DATE OF DEATH Dec 22 1950 | | (Month) | | (Day) | | (Year) | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 16, 1890 | |
| 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housekeeping | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | | 11. BIRTHPLACE (State or foreign country) Millerwille Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME George Dan Miller | | 13b. MOTHER'S MAIDEN NAME Nellie Lessley | | 14. NAME OF HUSBAND OR WIFE Benj Robbins | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Benj Robbins | | ADDRESS Jackson | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cremic Intoxication ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Cardiac decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Nephritis | | | | INTERVAL BETWEEN ONSET AND DEATH 4222 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from November 150 , to Dec. 22, 1950 , that I last saw the deceased alive on 12-22- , 1950, and that death occurred at 7:25 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Chas. M. Foster MD (Degree or title) | | | | 23b. ADDRESS Cape Gir Mo 714 - Bd. Way | | 23c. DATE SIGNED 12-27-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec 24, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Russell Heights | | 24d. LOCATION (City, town, or county) (State) Jackson Mo | |
| DATE REC'D BY LOCAL REG. 12-28-1950 | | REGISTRAR'S SIGNATURE C. C. Summers | | 25. FUNERAL DIRECTOR'S SIGNATURE W. Miller | | ADDRESS Jackson Mo | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

No. No.

JAN 17 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *E. C. C. C.*

Licensed Embalmer No. 4327

P. O. Address *Indian, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.